Adults: *First Aid **CPR Children:(circle as applies)

- - Medical Alert
- ◆ Medications

GROUP ATTENDANCE ROSTER

Trip Site:	Date:	Facility's Name:			
Trip Leader: _		Address:			
dult Group Leader: _		Phone:	()	

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Vehicle Adult	Child's Name	Home Father's Name Work #	Mother's Name Work #	Physician's Name Office #	Medication (See permission)	Emergency Contact		
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REGULAR ATTENDANCE CHECKS BY NAME AND FACE

SEE CHILD'S EMERGENCY CARD FOR ADDITIONAL INFORMATION